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**PERFORMANCE STATEMENT OF WORK**

**1.1. SCOPE OF WORK.** The contractor shall provide rotary-wing service (herein after referred to as MEDEVAC), fully trained personnel (herein after referred to as medical flight crews), medical equipment, and all necessary supplies to perform air evacuation service at Fort Bragg, North Carolina. Evacuations will be to locales in North Carolina and vicinity.

1.1.1. This solicitation and any resulting contract will be a non-personal services contract, as defined in FAR 37.101, under which the Contractor is an independent Contractor. Any resultant contract shall not establish an employer-employee relationship between the Government and the Contractor. The Government may evaluate the quality of professional and administrative service provided, but retains no control over the medical, professional aspects of services rendered (e. g., professional judgments, diagnosis for specific medical treatment). The contractor shall maintain medical liability insurance in the minimum amount of \$1 million per incident and \$3 million in the aggregate. The contractor shall ensure that its subcontractors have medical liability insurance in these amounts. Proof of insurance shall be submitted prior to beginning services. A copy of the liability insurance shall be submitted to the Contracting Officer 10 days prior to contract start date.

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**1.2. CONTRACTOR PERSONNEL**

1.2.1. Contract Manager. The contractor shall provide a contract manager and alternate who shall be responsible for the performance of the work. The name and telephone number (to include emergency numbers i.e., cell phones or pagers) shall be designated in writing to the Contracting Officer or the Contracting Officer's designated representative upon contract award.

1.2.1.1. The contract manager shall have full authority to act on behalf of the contractor on all matters relating to the operation of this contract.

1.2.1.2. The contract manager shall be available during normal duty hours to meet on the installation with Government personnel designated by the Contracting Officer to discuss problem areas. After normal duty hours the contract manager shall be available within 2 hours of notification.

1.2.1.3. The Contractor shall provide an alternate Point of Contact (POC) that shall be available via telephone, 24 hours per day. This individual shall have means to make direct contact with the contract manager or be empowered to act on behalf of the Contract Manager.

1.2.1.4. The contractor shall provide a detailed roster of employees 10 days prior to contract start date. Changes to the work force shall accompany the monthly invoice following the month in which changes occurred. The Government reserves the right to request, and the Contractor will provide, updated rosters.

1.2.2. Contractor Employees. The contractor shall not employ any person who is an employee of the United States Government if the employment of that person would create a conflict of interest.

1.2.2.1. In addition to pilot, the helicopter shall be staffed by at least one Emergency Care RN (Registered Nurse) and one other emergency medical care staff member, either another RN or an EMT, both of which possess a nationally recognized state of North Carolina certification. At least one of the medical flight crew shall be BCLS (Basic Cardiac Life Support) certified, ACLS (Advanced Cardiac Life Support) certified, PALS (Pediatric Advanced Life Support) certified, and either BTLS (Basic Trauma Life Support) or PHTLS (Pre-Hospital Trauma Life Support). The contractor shall provide personnel with the appropriate certifications and required licensures to care for the type of patients being transported. The contractor shall provide proof of formal training for RNs, paramedics, and pilots prior to beginning services. The contractor shall maintain staffing certification during the term of this contract and provide such proof to the

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Contracting Officer as changes occur. The proof shall be in the form of diplomas, degrees and/or current certificates received for training and resumes listing the personnel's education and experience in the area of medical evacuation. All helicopter pilots shall possess amount of flight hour experience required per North Carolina state insurance requirements and have an IFR instrument ticket to fly through inadvertent cloud cover. The contractor shall have passed FAA inspections on all equipment and not been grounded by the FAA within the last year. If the contractor fails FAA inspection during the term of this contract, this shall be considered grounds for immediate termination. The contractor shall provide proof of FAA inspections for the last year to the Contracting Officer prior to beginning services and at annual inspection intervals.

1.2.2.2. At least one (1) member of the medical flight crew shall have at least one year's experience of air medical time during the past three (3) years. Time spent in an administrative capacity as a claims reviewer, medical school instructor, ER director, etc. does not qualify as practicing time. The medical flight crew shall have graduated from an accredited educational program, college, or university or training institution and be licensed to practice in the state of North Carolina.

1.2.2.3. The medical flight crews shall be capable of treating patients of all ages.

1.2.2.4. The medical flight crews will possess and maintain at all times, at contractor expense, current certification in BCLS (Basic Cardiac Life Support), ACLS (Advanced Cardiac Life Support), and PALS (Pediatric Advanced Life Support).

1.2.2.5. The medical flight crews shall be able to read, write, and speak English fluently and be able to communicate effectively with patients and other healthcare medical flight crews.

1.2.2.6. The contractor shall have pre-certified replacement medical flight crews available so a lapse in coverage supporting this contract does not occur.

1.2.2.7. The medical evacuation (MEDEVAC) flight crews shall be rested and fully physically and mentally capable of performing the duties required under this contract. The MEDEVAC flight crews shall have been resting for at least eight (8) hours prior to beginning any services under this contract.

1.2.2.8. Reserved

1.2.2.9. The medical flight crews shall abide by all Army and Joint Commission for Accreditation of Healthcare Organizations (JCAHO) regulations and requirements concerning the nature of limited privileged communication between patients and health care medical flight crew as may be necessary for security and personnel reliability programs. They shall also abide by all Army and JCAHO regulations concerning the confidentiality of patient records, including all embodied in federal statutes. All regulations referenced are available for review at Womack Army Medical Center. All medical records and reports are and will remain the property of the Government. The contractor/medical flight crews shall adhere to all the "Health Insurance Portability and Accountability Act of 1996 Privacy of Protected Information" (HIPPA) standards.

1.2.2.10. The medical flight crews shall not introduce new medical procedures or services without prior recommendation to and approval of the Contracting Officer or the Contracting Officer's designated representative. In disagreements or deviations from established or new protocols, the Contracting Officer or the Contracting Officer's designated representative, will be the deciding authority. Any new medical procedure or service proposed by the MEDEVAC program which would increase the cost of the service provided to the Government must first be approved by the Contracting Officer or the Contracting Officer's designated representative.

1.2.2.11. Contractor personnel shall present a neat appearance and must be easily recognizable as an employee of the contractor. This may be accomplished by wearing distinctive clothing bearing the name of the company, or by wearing specified identification badges.

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**1.2.3. Security Requirements (Criminal Background Check Requirement)**

1.2.3.1. The Contractor shall conduct criminal background checks on individuals employed by the contractor with special emphasis on individual's providing childcare services under this contract, using the procedures set forth in Department of Defense Instruction 1402.5 dated 19 January 1993. Background checks shall be based on fingerprints of individuals obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and state criminal history repositories.

1.2.3.2. The contractor shall require the employee to furnish requested information to be used in the check, complete documents and participate in interviews.

1.2.3.3. Contract providers may provide services prior to completion of background checks with the consent of the Contracting Officer. However, at all times while children are in the care of the individual, the contractor provider shall be within sight and continuous supervision of a staff person, whose background check has been completed, a chaperone, or parent/guardian.

1.2.3.4. Deleted

1.2.3.5. Individuals have the right to obtain a copy of any background check pertaining to them and to challenge the accuracy and completeness of the information contained in the report. Individuals who have previously received a background check shall provide proof to the Contracting Officer or obtain a new one.

**1.2.4. Employee Education And Training Requirements**

1.2.4.1. Advanced Life Support (ALS). Contract provider shall be licensed and certified as an Emergency Medical Technician- Paramedic (EMT-P), or a Registered Nurse who has completed an appropriate trauma/emergency medicine course such as TNCC, CEN, and TNATC etc. At least one crewmember shall be certified for:

1.2.4.1.1. Basic Trauma Life Support (BTLS) or Pre-Hospital Trauma Life Support (PHTLS),

1.2.4.1.2. Basic Cardiac Life Support (BCLS),

1.2.4.1.3. Advance Cardiac Life Support (ACLS) and

1.2.4.1.4. Pediatric Advanced Life support (PALS).

1.2.4.1.5. EMT-P's shall possess NCOEMS Certification

1.2.4.2. All contract employee certifications shall be current and in good standing at all times and shall be provided to the Contracting Officer prior to personnel performing work under this contract. Education levels for paramedics performing services under this contract must be no less than a high school graduate or the equivalent, received through a General Education equivalence certificate and be certified by the National Registry for Emergency Medical Technicians (NREMT) as paramedics.

1.2.4.3. A minimum of one of the assigned medical crewmembers shall maintain current status in the following certifications: American Heart Association (AHA), Basic Cardiac Life Support (BCLS) certification, AHA Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certifications. At least one (1) Registered Nurse crewmember shall have RN level advanced training, such as TNCC, CEN, TNATC, etc.

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1.2.4.4. An ALS crew shall consist of two (2) crewmembers, one of which is certified as a Registered Nurse, and one other crewmember certified as a nurse or EMT. Crewmembers with higher levels of certification can function in this capacity, at no cost to the Government.

1.2.4.5. All medical providers shall have current certifications and/or documents. Copies of these documents for the assigned medical crewmember will be provided to the Contracting Officer prior to any patient transports by those assigned medical flight crewmembers.

1.2.4.6. Medical providers' education and training files shall be maintained by the contractor.

1.2.4.7. Registered Nurses, in addition to maintaining current North Carolina State Licensure as a Registered Nurse, shall also possess current certifications in one or more of the following: Certified National Flight Nurse, Certified Emergency Nurse, or Certified Critical Care Nurse. Registered Nurses are required to obtain the Transport Nurse Advanced Trauma Course (TNATC) or Trauma Nurse Critical Care (TNCC) certifications.

1.2.4.8. Paramedics shall maintain nationally recognized state of North Carolina certification. Paramedics certified shall continue to meet the minimum standards for Continuing Education Units (CEU) to remain current as prescribed in AR 40-48 and 40-68. CEUs shall be obtained at no additional cost to the Government and shall be reported to the Contracting Officer annually on the first normal duty day in January for the previous calendar year.

**1.2.5. Health Requirements**

1.2.5.1. Contract personnel shall have a physical examination prior to commencing work. If contract employees have not received a physical within the previous 12 months, they are required to do so at contractor expense. Certifications shall be re-accomplished at annual intervals if contract is renewed beyond one year. Any change to the employee's physical condition shall be provided to the Contracting Officer or designated representative within 20 days of the change.

1.2.5.2. Certification shall be provided to the Contracting Officer that health care providers have completed medical evaluation required above not later than five (5) working days prior to commencement of work. This certification shall state the date on which the examination was completed, the doctor's name that performed the examination, and a statement concerning the physical health of the individual. The certification shall also contain the following statement: "(name of contract employee) is suffering from no contagious diseases to include but not limited to Tuberculosis, Hepatitis, and Venereal Disease."

1.2.5.3. OSHA (Occupational Safety and Health Administration) requires that all contract personnel who will have occupational exposure to blood or body fluids, or other potentially infectious materials, shall receive Hepatitis B vaccine, or have documented proof of immunity to Hepatitis B infection, as a condition of employment. The contractor shall provide any required vaccinations at no cost to the government. Aviation staff shall sign a waiver if they refuse to have this vaccine.

1.2.5.4. All contractor personnel performing direct health care services shall stay updated on their influenza immunization. Each contract employee shall obtain immunization update during the fall influenza immunization period unless contraindicated by allergy to eggs and in accordance with industry practices. The contractor shall arrange for the inoculations at their own expense. Staff shall sign a waiver if they refuse to have the influenza immunization.

1.2.5.5. WAMC may take clinical specimens for outbreak investigation from contract personnel when required by the WAMC's Infection Control Committee (ICC) at no cost to the contractor. The type of clinical specimen will be dictated according to type of investigation.

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1.2.5.6. The contractor shall be responsible for insuring that an occupational health program is instituted and maintained on all employees and is in compliance with State and Federal OSHA laws and regulations (including pertinent sections of 29 CFR 1910 and 29 CFR 1926 and all future revisions). The contractor shall be responsible for identifying workplace hazards, monitoring contractor employee exposure to these hazards, providing appropriate personal protective equipment (unless otherwise specified), and accomplishing any required medical surveillance, treatment, employee notification, education, training and documentation. The contractor may use the Government's Industrial Hygiene data on hazards specific to the contractor work areas if available (for example, hazardous noise data collection on Army personnel working in the same area as the contractor). The Government will not be responsible for gathering data on or monitoring work area hazards specifically for contractor personnel. If requested, the contractor shall be provided documentation showing compliance with the above requirements and documentation on any work area hazards identified.

1.2.5.7. The contractor shall maintain employee medical information as outlined herein and provide them upon request thereby complying with JCAHO, OSHA, CDC health record requirements, Infection Control Program, and Occupational Health Program.

1.2.5.8. WAMC will provide emergency health care to save loss of life, limb, and to preserve eyesight for contract personnel for injuries or illness occurring while on duty. These services shall be billed to the contractor at the current full reimbursement rate.

**1.2.6. Conflict Of Interest**

1.2.6.1. The contractor shall not bill the patient for services rendered under this contract. The contractor shall be prohibited from receiving compensation of any kind for patients treated, procedures performed, or any other actions performed, except under the terms and conditions of this contract, at the rate specified in the schedule.

1.2.6.2. The contractor shall not recommend or suggest to persons receiving medical care at Government expense that they receive medical care from the contractor's home facility (if any) or from an affiliate, subsidiary, a third party, or parent company in association with the contractor, unless medical care will be furnished without cost to the patient, the Government or any other person or firm. The contractor is not prohibited, by reason of their employment under this contract, from operating a hospital or evacuation service. The contractor shall not use any Government facilities or other Government property in connection therewith except as specified at Section (3) three.

1.2.6.3. The contractor medical flight crews shall not use patient care rendered pursuant to this contract as part of a study, research project, or publication. The medical flight crews shall prepare medical records, forms and documents as required, IAW (in accordance with) the regulations and established guidelines listed in the contract. Data may be submitted to PREMIS and Trauma Registry.

**1.3. QUALITY CONTROL**

1.3.1. The Government will monitor the contractor's performance under this contract using the Quality Assessment and Improvement (QA&I) procedures approved by the Contracting Officer for patient care and medical issues and for flight operations and performance. Additionally, the contractor's performance is subject to scheduled and unscheduled QA&I review by representatives designated by the Contracting Officer.

1.3.2 The contractor shall establish and implement a comprehensive safety program that encompasses all operations of the program. The safety program shall include the following elements as a minimum: aircraft operations, helipad operations, landing zone preparations, biohazard materials disposal, and employee safety.

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1.3.4. The contractor shall establish a Continuous Quality Improvement (CQI) process that incorporates utilization review.

1.3.4.1. The contractor's CQI program shall have written clinical care and procedure protocols. These shall be reviewed at least annually and revised as necessary.

1.3.4.2. Protocols shall be researched-based and reflect current standards of clinical care.

1.3.4.3. Program Medical Director shall supervise the creation and revision of clinical protocols and the CQI process.

1.3.4.4. The program shall compare all transports to established CQI and utilization review indicators.

1.3.4.5. The program must document CQI activities.

1.3.4.6. The program shall maintain a method for communicating CQI activities to frontline employees.

1.3.4.7. CQI investigations shall focus on root cause analysis of problems, not superficial symptoms or individual inconsistencies.

1.3.4.8. CQI activities shall be viewed as fair, educationally based, and non punitive.

1.4. QUALITY ASSURANCE

1.4.1. The contractor rotor wing transport service shall be developed in such a manner as to operate within an organizational structure that promotes and ensures effective decision-making, performance, and communication. The contractor's service shall conduct operations based upon the provision of safety, quality, and patient or customer-driven service.

1.4.2. The contractor's service program shall have the following authorities within the organizational chart:

1.4.2.1. Program Medical Director

1.4.2.2. Medical Control Physician(s)

1.4.2.3. Program Director or Clinical Manager

1.4.2.4. Clinical Coordinator or Chief Transport Nurse

1.4.2.5. Continuous Quality Improvement Coordinator or Liaison

1.4.2.6. Director of Safety or Safety Officer

1.4.3. The contractor shall design and implement a written manual of operational policies, procedures, and protocols, including those mandated by local, state, DoD, Army, and federal agencies. Review and revision of written policies, procedures, and protocols must occur annually or as necessary to keep current with established standards of patient care.

1.4.4. The contractor shall maintain a system of information and knowledge management. This system shall include methods of documenting, reviewing, and analyzing operational and clinical data. The

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contractor shall forward all records of flight time and dispatch logs related to the performance of this contract to the COR on a weekly basis.

1.4.4.1. Communications. The following minimum data must be maintained.

1.4.4.1.1. Requests for Service: Requestor, destination, landing zone coordinates and description, number of patients and patient conditions.

1.4.4.1.2. Canceled request and inability to perform service request, including any requests transferred to another provider or service; explanation of nonservice or cancellation is required, e.g. mechanical and weather reasons.

1.4.4.1.3. Response times: Time of the initial call/request, time of dispatch, and time of arrival on scene.

1.4.4.1.4. On-ground times: Time of arrival to the landing zone to time of departure from the landing zone.

1.4.4.1.5. Turnaround times: Time elapsed between arrival at the receiving facility and back in-service time.

1.4.4.1.6. Flight following: At ten (10) minute intervals, aircraft location and heading as well as time to destination, or Global Positioning System (GPS) coordinates at time of radio contact.

1.4.4.2 Clinical Care. The following minimum data shall be maintained:

1.4.4.2.1. Patient demographics, past medical history, current medications, and allergies.

1.4.4.2.2. Patient diagnosis.

1.4.4.2.3. Benefit of transport as it must outweigh the risk of air transport.

1.4.4.2.4. Patient assessment and pertinent findings.

1.4.4.2.5. Treatment rendered by the medical crewmembers including ongoing treatments, e.g. medication infusions.

1.4.4.2.6. Vital signs including pain assessment at predetermined intervals.

1.4.4.2.7. Assessment following intervention by the medical crewmembers.

1.4.4.2.8. Patient safety restraint system and hearing protection.

1.4.4.2.9. Patient belongings and their disposition.

1.4.4.2.10. Unusual event or incident reporting.

1.4.4.2.11. Explanation of protocol or procedural deviations (Quality Management Review).

1.4.5. The contractor shall establish and maintain a complete Quality Control (QC) program to ensure that the requirements of the contract are provided as specified. One copy of the program shall be provided to the Contracting Officer within twenty (20) days after contract start date. The plan shall include procedures to implement all requirements of the contract, which will include the in-process controls from WAMC.

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1.4.6. An inspection system covering all the services required by this contract shall specify the area to be inspected, on either a scheduled or unscheduled basis. The Government reserves the right to request copies of the inspection system.

1.4.7. The Government reserves the right to request copies of skills assessments on contractor personnel. The contractor shall establish internal policy and procedures documents for conducting skills assessments on all personnel.

1.4.8. The contractor shall establish methods of identifying and preventing defects in the quality of service performed before the level of performance becomes unacceptable.

1.4.9. The contractor shall maintain records of all aircraft and equipment inspections conducted and of all necessary corrective actions taken. This documentation shall be made available to the Contracting Officer or designated representative during the term of the contract.

1.4.10. The Government will evaluate the contractor's performance in accordance with the Inspection of Services clause (52.246-4). Nothing in this paragraph precludes the Government from also conducting inspections under the Quality Assurance/Risk Management plan or regulation.

1.4.11. The Contracting Officer may require the contractor or his representative to meet with the Contracting Officer or designated representative, contract administrator, and other Government personnel at least quarterly or as often as necessary based on performance. The contractor may request a meeting with the Contracting Officer when deemed necessary.

**1.5. PHYSICAL SECURITY N/A**

1.6. **HOURS OF PERFORMANCE.** The contractor shall be available to provide rotary-wing services 24 hours a day 7 days a week. The Contractor shall have a lift-off response time of within ten (10) minutes from receipt of a call, (e.g. a call is made at 1:00 p.m., contractor shall be enroute to the incident scene no later than 1:10 p.m.). The Contractor shall notify range control when a call is received whether or not the contractor can meet the ten-minute response time. Contractor shall arrive at pick-up destination within forty (40) minutes, (e.g. a call is made at 1:00 p.m., contractor shall arrive at pick-up destination no later than 1:40 p.m.). The Contractor shall provide telephone numbers where the contractor can be contacted on a twenty-four hour basis, seven days a week. Answering services, answering machines, beepers, or pagers are not acceptable. The pilot will determine exceptions to availability during adverse weather conditions, which prohibit flight operations. If the Contractor's rotary-wing evacuation equipment is not available when contacted, the Contracting Officer or designated representative (Range Control) will have the option to arrange other evacuation services. If the contractor's aircraft is non-mission capable (NMC) for any reason, range control, WAMC, and the Fort Bragg's Operations Center will be notified immediately of NMC status to include the anticipated length of NMC time and the reason for the NMC time. The COR will also be notified, in writing, of NMC status to include the actual length of NMC time and the reason for the NMC time. If the aircraft is NMC for more than 60 minutes the contractor shall provide a different, fully mission capable (FMC) aircraft to fulfill the contract. The Contractor will provide backup support in the event the contractor cannot perform duties due to simultaneous responses, equipment failures, or other unforeseen circumstances.

**SECTION 2 DEFINITIONS/ACRONYMS**

**2.1. Definitions.**

2.1.1. **ANCILLARY PERSONNEL:** These personnel are commonly referred to as radiology, pathology and/or medical pharmacy technicians/technologists. Clerks, secretaries and receptionist personnel are commonly considered administrative personnel.

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2.1.2. **CLINICAL PRIVILEGES:** Authorization by WAMC to provide specific patient care and treatment services in the organization, within well defined limits, based on the individual's license, education, training, experience, competence, judgment, and physical and mental health.

2.1.3. **COMPOSITE HEALTH CARE SYSTEM (CHCS):** An automated medical information system, which will provide integrated support for the functional work centers of inpatient and outpatient care facilities, patient administration, patient appointments and scheduling, nursing, laboratory, pharmacy, radiology, and clinical dietetics.

2.1.4. **CONTINUING EDUCATION.** Education beyond initial professional preparation relevant to the type of patient care delivered in the organization. Provides current knowledge relevant to the field of practice and is related to findings from quality assurance activities.

2.1.5. **CONTRACTING OFFICER (KO):** A person with the authority to enter into, administers, and/or terminates contracts and makes related determinations and findings. The only person authorized to make changes in the contract on behalf of the Government.

2.1.6. **CONTRACTING OFFICER'S REPRESENTATIVE (COR):** A government employee selected and designated in writing by the contracting officer to act as his/her designated representative in administering a contract.

2.1.7. **CONTROLLED SUBSTANCE** - All regulated drugs.

2.1.8. **FACILITIES:** Building, equipment and supplies necessary for the implementation of services by personnel.

2.1.9. **MILITARY TIME** is on a 24-hour clock, e.g.

8:00 a.m. - 0800	9:10 a.m. - 0910	Noon - 1200
9:10 p.m. - 2110	Midnight - 2400	12:01 a.m. - 0001

2.1.10. **MILITARY DATES** are written as: March 19, 2005 - 19 Mar 05

2.1.11. **PRIVILEGING PROCESS:** Process established by WAMC and AR 40-68 for granting clinical privileges to medical flight crews.

2.1.12. **MEDICAL QUALITY ASSESSMENT AND IMPROVEMENT.** Those actions taken by the Government to check services to determine if they meet the requirements of the JCAHO, U.S. Army Medical Command, quality assurance and risk management program, and to ensure that the contract personnel comply with the terms and conditions of the contract.

2.1.13. **QUALITY CONTROL:** Those actions taken by a contractor to control the performance of services to ensure that they meet the requirements of the contract.

2.1.14. **REPLACEMENT PERSONNEL:** Contract personnel selected to fill a position for the duration of the contract period, which was previously occupied by another contract person.

2.1.15. **TRAINING HOLIDAY:** A day off in addition to holidays.

**2.2. Acronyms**

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- 2.2.2. AR – Army Regulation
- 2.2.3. BCLS – Basic Cardiac Life Support
- 2.2.4. CLIN – Contract Line Item Number
- 2.2.5. COR – Contracting Officer’s Representative
- 2.2.6. CPR – Cardiopulmonary Resuscitation
- 2.2.7. DA – Department of the Army
- 2.2.8. DCCS - Deputy Commander for Clinical Services.
- 2.2.9. DoD- Department of Defense.
- 2.2.10. DEA - Drug Enforcement Administration.
- 2.2.11. EKG -Electrocardiogram.
- 2.2.12. FAA - Federal Aviation Administration
- 2.2.13. FB Reg – Fort Bragg Regulation
- 2.2.14. FTE - Full Time Equivalent.
- 2.2.15. MEDCOM - Medical Command.
- 2.2.16. IV - Intravenous.
- 2.2.17. JCAHO - Joint Commission on Accreditation of Healthcare Organizations.
- 2.2.18. KO - Contracting Officer.
- 2.2.19. MEDDAC - Medical Department Activity.
- 2.2.20. MEDEVAC - Medical Evacuation
- 2.2.21. MTF - Medical Treatment Facility.
- 2.2.22. PA - Physician Assistant
- 2.2.23. PAD - Patient Administration Division
- 2.2.24. Pam - Pamphlet
- 2.2.25. PCF – Practitioner’s credentials file
- 2.2.26. QA&I – Quality Assurance & Improvement
- 2.2.27. QC – Quality Control
- 2.2.28. RN - Registered Nurse

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- 2.2.29. SAAF – Simmons Army Airfield
- 2.2.30. SF - Standard Form
- 2.2.31. TAB - Therapeutic Agents Board
- 2.2.32. WAMC – Womack Army Medical Center

**SECTION 3**  
**GOVERNMENT-FURNISHED PROPERTY AND SERVICES**

3.1. During high-risk training events in which Contractor provides twenty-four/seven service, the Government will provide bed-down for three (3) persons at Simmons Army Airfield. All per diem expenses (other than bed-down during high risk training events) shall be provided by the Contractor.

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**SECTION 4**  
**CONTRACTOR-FURNISHED ITEMS AND SERVICES**

4.1. The contractor shall provide flight ready helicopter(s) and crew, fully trained and certified personnel, fuel, medical equipment, medical supplies, maintenance, insurance, and all other items to provide rotary-wing air evacuation services. Each aircraft shall be equipped to transport two patients with accompanying crew. Each helicopter must be outfitted with military band radios (minimum of one each UHF or VHF and FM), and must be able to navigate to a Military Grid Reference System (GMRS) location. The contractor shall furnish all personnel and services to comply with the requirements of this contract. Contractor personnel shall wear contractor-furnished identification badges on the front of outer clothing, which states the medical flight crewmembers name, specialty, and company name.

4.2. Each rotary-wing aircraft providing MEDEVAC critical care transport shall have the capabilities to maintain the critical care environment during transport. The final authority for specific items is the Contracting Officer or the Contracting Officer's designated representative. Helicopters and on-board medical equipment shall meet all FAA, State, and local certification requirements. The Contractor shall provide all supplies to perform to the requirements and standards of the contract, to include the following:

4.2.1. Cardiac monitoring equipment: Cardiac monitor, external pacing, cardioversion and defibrillator.

4.2.2. Blood pressure monitoring equipment: monitoring capability for noninvasive blood pressure readings.

4.2.3. Pulse oximetry and end-tidal CO2 monitors.

4.2.4. Medication pumps capable of administration and titration of adult and pediatric concentration medications.

4.2.5. Respiratory support equipment: ventilator capable of pressure and volume cycled ventilations; with adjustments for tidal volume, rate, fraction of inspired oxygen (FIO2), and positive end expiratory pressure (PEEP).

4.2.6. Oxygen.

4.2.7. Suction equipment.

4.2.8. Airway equipment including rapid sequence intubation.

4.2.9. Medications: cardiovascular agents, analgesic agents, neurologic agents, respiratory agents, and crystalloids.

4.2.10. Hemorrhage control agents, tourniquets, bandages, and dressings.

4.2.11. Splints, both traction and nontraction, immobilizers, backboards, litters, straps, and padding.

4.2.12. Fluid warming device.

4.2.13. Chest drainage equipment.

4.2.14. Vascular access equipment.

4.2.15. Doppler devices.

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4.2.16. Optional: the Contractor may elect to carry additional equipment and medications based upon regional or mission requirements.

4.2.17. Specialty: the Contractor may require additional equipment and medications for specific mission profiles to include but not limited to the pediatric and/or neonatal patient, high-risk obstetrical patient and the cardio vascular patient

4.2.18. The contractor shall ensure that the aircraft is equipped with communications radios which will allow the crew to remain in constant contact with SAAF (Simmons Army Airfield) flight following, Fort Bragg Range Control, WAMC ED, Fort Bragg EMS, Fort Bragg Fire Department, and Fort Bragg Law Enforcement. Additionally, radio capability shall include military radio frequencies FM 38.90 and 46.75 for Fort Bragg.

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**SECTION 5  
SPECIFIC TASKS**

5.1. The contractor shall provide air evacuation services to authorized beneficiaries as designated by Fort Bragg Range Control. The contractor shall provide services to authorized beneficiaries of any age per AR 40-3, and in accordance with established principles, practices and standards of the JCAHO, and the Army Medical Department.

5.2. When operating on the Fort Bragg Reservation the contractor will maintain appropriate radio communications in accordance with Air Traffic Control and Flight Following requirements of the Fort Bragg Range Control Standard Operating Procedure (SOP). Frequencies are published in the Fort Bragg Range Control SOP. Except for bed-down during high-risk training exercises, the Contractor shall be responsible for all per diem associated with flight crews.

5.3. Contractor will be required to complete day/night orientation flights with Fort Bragg Aviation Elements and a range briefing (IAW Fort Bragg Range Regulation and Fort Bragg Aviation SOP), prior to commencing the contract. Contractor will be required to complete paperwork for a CALP (Civil Aircraft Landing Permit) (DD Form 2400, 2401, and 2402 prior to commencing the contract. The contractor will be required to land at isolated ranges located on Ft Bragg, North Carolina to load patients. Range landings are subject to possible flight hazards such as dirt, mud, no landing pad, leaves, trees, debris on the ground, no lights, no safety equipment or personnel, uneven terrain, rocks, etc. Contractor shall perform flight operations IAW Army Regulation 95-1. In cases of severe or deteriorated weather conditions the Pilot-in-Command shall have the final word in regards to Safety-Of-Flight. Pilot shall maintain current certifications to fly by Visual Flight Rules (VFR) and Instrument Flight Rules (IFR). Once loaded, the contractor shall fly the patient to the hospital designated by the senior medical representative on the scene, this will usually be WAMC, or to medical facilities as specified by WAMC protocols.

5.4. Contractor shall contact Range Control prior to arrival for clearance to enter Fort Bragg airspace and remain on Range Control net until frequency change to pick up site or WAMC has been approved. Contractor personnel shall consult with WAMC medical personnel during the evacuation process. If the patient expires before the MEDEVAC contractor has arrived on-site to the field location, the contractor shall be notified to abort the flight. Lift-off is defined as the contractor leaving its base when called by designated launch authorities to transport a patient. Services shall consist of loading, treating, and transporting patients from on-site and field incidents, as well as WAMC to other hospital transports. Transporting to receiving hospital will be on contractor furnished stretcher, air transportation and medical care enroute including supplies, personnel, and use of on board medical equipment. WAMC personnel will assist by transporting the patient by Government ambulance to or from helicopter at WAMC helipad. If the contractor takes WAMC or unit/customer property on the evacuation, the contractor shall return the property as soon as those items can be released by the receiving medical facility.

5.5. The contractor shall provide a patient report to WAMC for all patients being transported to Womack Army Medical Center. Medical Control will be established by existing NCOEMS procedures. WAMC will remain available as a resource in the management of patients who are being transported under this contract and shall be apprised of patient status through established medical channels within a reasonable amount of time.

5.6. The contractor shall be able to transport and provide care for the following types of patients as a minimum:

- 5.6.1. Trauma
- 5.6.2. Burn
- 5.6.3. Adult Critical Care
- 5.6.4. High Risk Obstretories/premature labor

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5.6.5. Pediatric Critical Care

5.7. Contractor personnel shall comply with all Fort Bragg Installation safety, fire and infection prevention regulations. Copies of these regulations are on file in Fort Bragg's Safety Office and at WAMC Safety Office. The contractor and contractor personnel shall be cognizant of and observe all requirements for handling and storing medical wastes, combustible supplies and materials, and disposal of combustible waste, trash, etc.

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**SECTION 6**  
**APPLICABLE TECHNICAL ORDERS, SPECIFICATIONS,**  
**REGULATIONS AND MANUALS**

6.1. Government publications and forms applicable to this PWS.

6.1.1. The publications have been coded as mandatory or advisory. The contractor shall follow those coded as mandatory only to the extent that they apply to this contract. Supplements, amendments, or changes to these mandatory publications may be issued during the life of the contract. The contractor shall not implement any such changes to mandatory publications, which cause a change in performance within the meaning of the changes clause, unless or until the contracting officer issues a change order or modification to the contract.

6.1.2. Current issues of many DA publications can be accessed at <http://www.usapa.army.mil/>. Current issues of many forms can be accessed at <http://www.usapa.army.mil/forms>. Samples of forms not on the Internet can be obtained from the Medical Treatment Facility.

6.2. Publications

6.2.1. Mandatory.

Public Law 91-596            Occupational Safety and Health Administration.

Joint Commission for Accreditation of Healthcare Organizations (JCAHO) Manual (Current Edition).

AR 40-1	Composition, Mission and Functions of the Army Medical Department.
AR 40-2	Army Medical Treatment Facilities and General Administration
AR 40-5	Preventive Medicine
AR 40-66	Medical Record Administration and Health Care Document Management.
AR 40-68	Clinical Quality Management.
AR 95-1	Flight Regulations
FB 40-20	Aeromedical Evacuation
AR 385-40	Accident Reporting and Records and HSC Supplements

6.2.2. Advisory.

AR 310-25	Dictionary of United States Army Terms.
HSC Pam 40-17	Emergency Medical Services Communication.
HSC Pam 3 10-1	Index of HSC Command Administrative Publications.

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**SECTION 7**  
**CONTRACTOR MANPOWER REPORTING**

7.1. The Office of the Assistant Secretary of the Army (Manpower & Reserve Affairs) operates and maintains a secure Army data collection site where the contractor shall report ALL contractor manpower (including subcontractor manpower) required for performance of this contract. The contractor is required to completely fill in all the information in the format using the following web address  
<https://contractormanpower.army.pentagon.mil> .

The required information includes:

- 7.1.1. Contracting Office, Contracting Officer, Contracting Officer's Technical Representative;
- 7.1.2. Contract number, including task and delivery order number;
- 7.1.3. Beginning and ending dates covered by reporting period;
- 7.1.4. Contractor name, address, phone number, e-mail address, identity of contractor employee  
Entering data;
- 7.1.5. Estimated direct labor hours (including sub-contractors);
- 7.1.6. Estimated direct labor dollars paid this reporting period (including sub-contractors);
- 7.1.7. Total payments (including sub-contractors);
- 7.1.8. Predominant Federal Service Code (FSC) reflecting services provided by contractor (and separate predominant FSC for each sub-contractor if different);
- 7.1.9. Estimated data collection cost;
- 7.1.10. Organizational title associated with the Unit Identification Code (UIC) for the Army Requiring Activity (the Army Requiring Activity is responsible for providing the contractor with its UIC for the purposes of reporting this information);
- 7.1.11. Location(s) where the contractor and sub-contractors perform the work (specified by zip code in the United States and nearest city, country, when in an overseas location, using standardized nomenclature provided on website);
- 7.1.12. Presence of deployment or contingency contract language;
- 7.1.13. Number of contractor and sub-contractor employees deployed in theater this reporting period (by country);
- 7.1.14. As part of its submission, the contractor shall also provide the estimated total cost (if any) incurred to comply with this reporting requirement. Reporting period will be the period of performance not to exceed 12 months ending 30 September of each government fiscal year and must be reported by 31 October of each calendar year. Contractors may use a direct XML data transfer to the database server or fill in the fields on the website. The XML direct transfer is a format for transferring files from a contractor's system to the secure web site without the need for separate data entries for each required data element at the web site. The specific formats for the XML direct transfer may be downloaded from the web site.